



Application: AASM Innovations in Sleep Medicine Education Program Blended Model

Submit this form and all required attachments to Jenny Bogda via email, jbogda@aasm.org

Sleep Medicine Program Information:

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|---|---------------------------|
| Program Director Name: | |
| Designated Faculty Lead/Champion (if different from Program Director): | |
| Email Address: | Phone Number: |
| Mailing Address: | City, State, Zip: |
| ACGME Program Name: | ACGME Program Number: |
| ACGME Program Accreditation Status: | |
| <p><u>Program Citations and/or areas for improvement (AFI):</u> List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.:</p> | |
| Sponsoring Institution: | Designated Official Name: |
| Sponsoring Institution Accreditation Status: | |

Blended Program Information (pulmonary diseases, pulmonary critical care medicine, pediatric pulmonology):

| | |
|---|-----------------------|
| Program Director Name: | Email Address: |
| Phone Number: | Mailing Address: |
| City, State, Zip: | ACGME Program Number: |
| ACGME: Program Accreditation Status: | |
| <p><u>Program Citations and/or areas for improvement (AFI):</u> List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.:</p> | |
| Sponsoring Institution (if different from above): | |
| Designated Institutional Official Name (if different from above): | |
| Sponsoring Institution Accreditation Status (if different from above): | |
| Does your program have a potential candidate to participate in the Blended pilot model of fellowship training for AY 2025/26? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes , please list name and if they specialize in Adult or Pediatric Pulmonary: | |
| Are the Sleep Medicine and Pulmonary fellowships that will be blended housed in the same Division/Department at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If No , please describe the institutional relationship between the programs: | |

Required Attachments:

- Cover Letter
- Support letter from sleep medicine Program Director and Division/Department Chief
- Support letter from the Program Director and Division/Department Chief of the related fellowship program
- Support letter from Designated Institutional Official
- CV of sleep medicine Program Director
- CV of related fellowship Program Director
- Program status form
- On the following page, please complete a description of the plan for successful integration with pulmonary/critical care training. Include discussion around clinical encounters, sleep study interpretation, and pediatrics.

